

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044486

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

157

Primary Registration District No.

3028

Registrar's No.

233

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0497

2 0497

3

4 0

5 1

6

7 1

8 2

9 4/10X

10

11

12 90-6

13 50

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Carthage

Length of stay in 1b

52 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

123 N. McGregor

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Carthage

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

123 N. McGregor

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

EGENIOUS

Middle

ISAAC

Last

WATERS

4. DATE OF DEATH

Month

December

Day

1,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-28-1882

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired fireman

10b. KIND OF BUSINESS OR INDUSTRY

Mo. Pacific Railroad

11. BIRTHPLACE (City and state or country)

Linn Grove, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Waters

13b. MOTHER'S MAIDEN NAME

Susan

14. NAME OF HUSBAND OR WIFE

Ruth C. Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. I.E. Waters, 123 N. McGregor, Carthage, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion, acute (2 AM 12-1-63)

INTERVAL BETWEEN ONSET AND DEATH

15 1/2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocarditis, chronic many years

DUE TO (c) Mitral stenosis & insufficiency many years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

Childhood Rheumatic fever

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1, 1963 to Dec. 1, 1963 and last saw him alive on 12-1-1963

Death occurred at 5:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-3-63

23c. NAME OF CEMETERY OR CREMATORY

Park Cemetery

23d. LOCATION (City, town, or county)

Carthage, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Knell Mortuary

Carthage, Mo.

25. DATE RECD. BY LOCAL REG.

12-3-63

26. REGISTRAR'S SIGNATURE

[Signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 13 1963

DEC 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Frank W. Hull

Licensed Embalmer No. 4440

P. O. Address Laetham, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.